State of California
California Emergency Management Agency

# FORENSIC MEDICAL REPORT:
# DOMESTIC VIOLENCE EXAMINATION

# CalEMA 2-502

For more information or assistance in completing the CalEMA 2-502, please contact University of California, Davis California Clinical Forensic Medical Training Center at: (888) 705-4141or **www.ccfmtc.org**

This form is available on the following website:
**http://www.calema.ca.gov**

# FORENSIC MEDICAL REPORT: DOMESTIC VIOLENCE EXAMINATION
## State of California
## California Emergency Management Agency
## CalEMA 2-502

**Confidential Document: Restricted Release** | **Patient Identification:** | **Date:**

## A. GENERAL INFORMATION

**1. Patient's Last Name** | **First Name** | **M.I.**

| 2. Street Address (optional) | City | County | State | Zip Code | Telephone (optional) (Home) (Work) (Safe) |
|---|---|---|---|---|---|
| | | | | | |

| 3. Age | DOB | Gender F M MTF FTM | Ethnicity (check all that apply) |
|---|---|---|---|
| | | | ☐ White ☐ Black / African American ☐ Hispanic / Latino ☐ Asian ☐ American Indian / Alaskan Native ☐ Native Hawaiian / Other Pacific Islander ☐ Other _____ |

**4. Name of Facility Where Forensic Exam Performed** | **Address of Facility**

| 5. Patient Arrival | | Patient Discharge | | 6. Exam Started | | Exam Completed | |
|---|---|---|---|---|---|---|---|
| Date | Time | Date | Time | Date | Time | Date | Time |
| | | | | | | | |

**7. Interpreter Used** ☐ No ☐ Yes Language Used: _____

Name of Interpreter: _____ Telephone: _____

Affiliation of interpreter: ☐ Facility Interpreting Services
☐ Contracted Agency, specify: _____
☐ Family ☐ Friend ☐ Other, specify: _____

## B. MANDATORY SUSPICIOUS INJURY REPORT (Pursuant to Pen. Code §11160)

| 1. Name of Person Making Mandated Telephone Report to Law Enforcement Agency | Date | Time |
|---|---|---|
| | | |

**2. Name of Person Taking Telephone Report** | **Name of Law Enforcement Agency** | ☐ **CalEMA 920 Written Report Submitted**

## C. RESPONDING OFFICER TO MEDICAL FACILITY ☐ Not Applicable

Law Enforcement Officer | Name of Law EnforcementAgency | ID Number

## D. AUTHORIZATION FOR MEDICAL EVIDENTIARY EXAMINATION: Follow Local Policy ☐ Not Applicable

Law Enforcement Officer | Name of Law Enforcement Agency | ID Number

Telephone | Date | Time | Case Number

## E. PATIENT INFORMATION

1. I understand that hospitals and health care professionals are required by Penal Code §§11160-11161 to report to law enforcement authorities cases in which medical care is sought when injuries have been inflicted upon any person in violation of any state penal law. The report must state the name of the injured person, current whereabouts, and the type and extent of injuries. ____(initial)
2. I have been informed that victims of crime are eligible to submit crime victim compensation claims to the California Victim Compensation Program (VCP) for out-of-pocket medical expenses, psychological counseling, loss of wages, and job retraining and rehabilitation. ____(initial)
3. I have been informed about domestic violence advocacy services or a social services professional who can provide me with counseling and support. ____(initial)

## F. PATIENT CONSENT

1. I understand that a forensic medical examination for evidence of domestic violence can, with my consent, be conducted by a health care professional to discover and preserve evidence of the assault. If conducted, the report of the examination and any evidence obtained will be released to law enforcement authorities. I understand that the examination may include the collection of reference specimens at the time of the examination or at a later date. I understand that I may withdraw consent at any time for any portion of the examination. ____(initial)
2. I understand that collection of evidence may include audio/visual recordings and photographing injuries and that these photographs may include the genital area. ____(initial)
3. I hereby consent to a forensic medical examination for evidence of domestic violence. ____(initial)
4. I understand that data without patient identity from this report may be collected for health and forensic purposes, and provided to health authorities and other qualified persons with a valid educational or scientific interest. ____(initial)

☐ Patient ☐ Parent ☐ Guardian ☐ Surrogate

Print Name _____ Signature _____ Date _____

## G. DISTRIBUTION OF CalEMA 2-502 (check all that apply)

☐ Law Enforcement Officer - Original ☐ Crime Lab - Copy within evidence kit ☐ Medical or Agency Facility Records - Copy

## H. CURRENT ASSAULT HISTORY

**1. Examination audio and/or videotaped**
☐ No ☐ Yes ☐ Audio ☐ Video

**2. Name of person providing history** | **Relationship to Patient**

**3. Date(s) of Assault** | **Time/Time Frame of Assault**

**Patient Identification:** **Date:**

**4. Describe Physical Surroundings of Assault**

**5. Patient Description of Assault**

☐ Additional attached pages

**6. Assailant(s)**

| #1 | Assailant's Name | DOB | Age | Gender | Ethnicity |
|---|---|---|---|---|---|
| | | | | | |

**Relationship to Patient: (check all that apply)**
☐ Spouse ☐ Cohabitant/Domestic Partner ☐ Dating Relationship ☐ Child Together
☐ Former Spouse ☐ Former Cohabitant/Domestic Partner ☐ Former Dating Relationship ☐ Other
**Current Whereabouts:** ☐ Unknown ☐ In Custody ☐ Known Location

| #2 | Assailant's Name | DOB | Age | Gender | Ethnicity |
|---|---|---|---|---|---|
| | | | | | |

**Relationship to Patient: (check all that apply)**
☐ Spouse ☐ Cohabitant/Domestic Partner ☐ Dating Relationship ☐ Child Together
☐ Former Spouse ☐ Former Cohabitant/Domestic Partner ☐ Former Dating Relationship ☐ Other
**Current Whereabouts:** ☐ Unknown ☐ In Custody ☐ Known Location:

**7. Methods employed by assailant(s) and circumstances**

| | No | Yes | If yes: |
|---|---|---|---|
| **Weapons** | ☐ | ☐ | ☐ Firearm ☐ Knife ☐ Blunt Object ☐ Other |
| Threatened? | ☐ | ☐ | **Describe:** |
| Displayed? | ☐ | ☐ | **Describe:** |
| Used? | ☐ | ☐ | **Describe:** |
| Injuries? | ☐ | ☐ | **Describe:** |

**Physical blows** ☐ by hands ☐ by feet ☐ by head ☐ Other, describe:
☐ Grabbing ☐ Holding ☐ Pinching ☐ Slapping ☐ Punching ☐ Other, describe:

**Hair pulling?** ☐ No ☐ Yes ☐ If yes, describe:

**Physical restraints** ☐ No ☐ Yes ☐ If yes, describe:

**Strangulation**

| One Hand | | Two Hands | | Forearm | |
|---|---|---|---|---|---|
| ☐ | Frontal Assault | ☐ | Frontal Assault | ☐ | Frontal Assault |
| ☐ | Rear Assault | ☐ | Rear Assault | ☐ | Rear Assault |

☐ Ligature, describe:

**Bites** ☐ No ☐ Yes, describe:

**Burns** ☐ Thermal ☐ Chemical ☐ Other

**Threat(s) of harm** ☐ No ☐ Yes If yes, target of threat: ☐ Patient ☐ Children ☐ Pet(s) ☐ Property ☐ Other, describe:

Describe what was said or done:

**Sexual relations with assailant as part of this assault?** ☐ No ☐ Unsure ☐ Yes If yes: ☐ Forced ☐ Coerced

**Involuntary use of alcohol/drugs** ☐ No ☐ Yes If yes: ☐ Forced ☐ Coerced ☐ Suspected
If yes: ☐ Alcohol ☐ Drugs Describe:

**8. Injuries inflicted upon assailant(s) during assault** ☐ No ☐ Unsure ☐ Yes, describe:

**9. Post assault hygiene**
☐ Bath / shower / wash ☐ Clothes change ☐ Other, describe:

## I. CURRENT SYMPTOMS REPORTED BY PATIENT
(check all that apply)

| Symptoms | From This Event | From Past Event(s) |
|---|---|---|
| **Neurological** | | |
| Headache | | |
| Dizziness | | |
| Memory/Concentration Problems | | |
| Lightheaded | | |
| Visual Changes | | |
| Hearing Changes | | |
| Loss of Consciousness | | |
| Numbness | | |
| Weakness | | |
| Other | | |
| **Psychological** | | |
| Acute Anxiety | | |
| Depression | | |
| Suicide Ideation | | |
| Homicide Ideation | | |
| Other | | |
| **Cardiorespiratory** | | |
| Voice Change | | |
| Coughing | | |
| Shortness of Breath | | |
| Chest Pain | | |
| Palpitations | | |
| Other | | |
| **Gastrointestinal** | | |
| Sore Throat | | |
| Difficulty Swallowing | | |
| Nausea | | |
| Vomiting | | |
| Diarrhea | | |
| Abdominal Pain | | |
| Hematemesis | | |
| Rectal Bleeding | | |
| Rectal Pain | | |
| Penis/Testicular Pain | | |
| Other | | |
| **Urogenital** | | |
| Pelvic Pain | | |
| Dysuria | | |
| Vaginal Bleeding | | |
| Vaginal Discharge | | |
| Other | | |
| **Musculoskeletal** | | |
| Extremity Pain | | |
| Neck Pain | | |
| Back Pain | | |
| Deformity | | |
| Other | | |
| Other | | |
| Other | | |

**Patient Identification:** **Date:**

## J. PATIENT HISTORY

**1. Disability** ☐ No ☐ Yes
If yes: ☐ Cognitive ☐ Physical ☐ Blind ☐ Deaf/HOH ☐ Mental

**2. History of prior physical assault(s) with this assailant?**
☐ No ☐ Yes If yes, past injuries to patient? ☐ No ☐ Yes, describe:

**3. Prior history of forced or coerced sexual relations with this assailant?** ☐ No ☐ Yes, describe:
Approximate Date(s):

**4. Has patient sought medical care for prior assault(s) by this assailant?** ☐ No ☐ Yes
If yes, name of facility:
If yes, under what name(s)?
If yes, approximate date(s):

**5. Obstetrical History** Pregnant? ☐ No ☐ Yes ☐ Unknown
If yes, any possible problems related to current assault(s)?
☐ No ☐ Yes, describe:
Any possible problems in past pregnancies related to past assault(s) by this assailant?
☐ No ☐ Yes, describe:

| 6. Name(s) of Children/Dependent Adults Living in Household | Present During Assault(s) | | | Gender | DOB or Age |
|---|---|---|---|---|---|
| | No | Yes | UNK | | |
| | | | | M F | |
| | | | | M F | |
| | | | | M F | |
| | | | | M F | |
| | | | | M F | |

**7. Voluntary Use of Alcohol/Drugs** ☐ No ☐ Yes
Any voluntary alcohol use within 12 hrs prior to assault? ☐ No ☐ Yes
Any voluntary drug use within 96 hrs prior to assault? ☐ No ☐ Yes
Any voluntary drug ☐ or alcohol ☐ use between time of assault and forensic exam? ☐ No ☐ Yes
List drug(s) used:

**8. Are there other ways the patient's life has been impacted by behaviors of this assailant?**

**Note:** For history of sexual assault (<72 hours), stop and consult with law enforcement prior to beginning physical exam to determine next steps.

## K. GENERAL PHYSICAL EXAMINATION

| 1. Blood Pressure | Pulse | Respiration | Temp |
|---|---|---|---|
| | | | |

2. Describe general physical appearance

3. Describe general demeanor

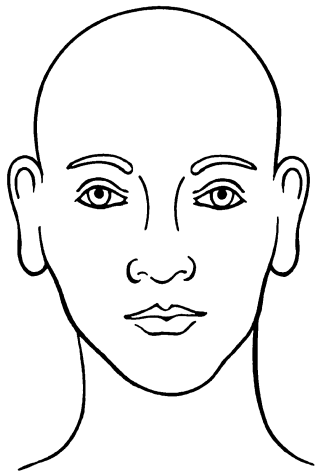
**Patient Identification:** **Date:**

4. Describe condition of clothing upon arrival. Collect outer and under clothing if applicable. ☐ Not Applicable

5. Examine the face, head, ears, hair, scalp, neck, and mouth for injury. Document findings using photographs, diagrams, legend, and consecutive numbering system.

6. Collect dried and moist secretions, stains and foreign materials from the scalp, head and neck.

A



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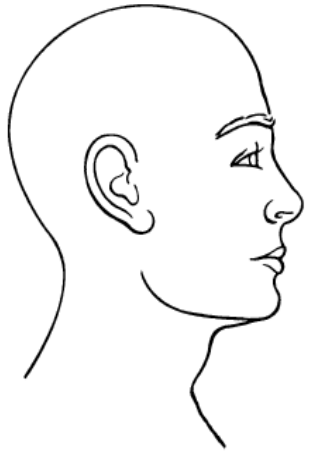

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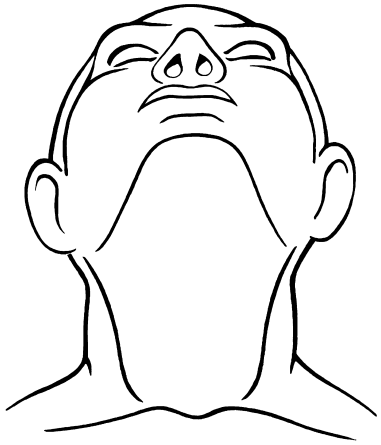

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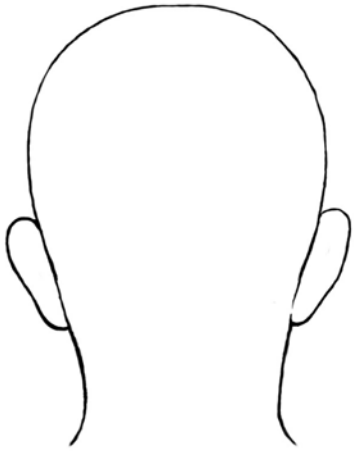

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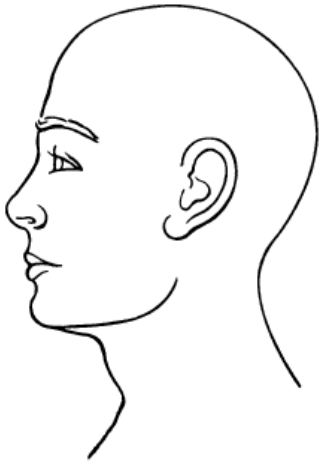

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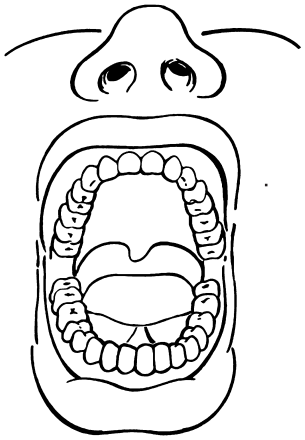


**LEGEND: Types of Findings** ☐ **Findings** ☐ **No Findings** ☐ **Additional copies of this page attached**

**AB** Abrasion
**BI** Bite
**BU** Burn
**CS** Control Swab
**DE** Debris
**DF** Deformity
**DS** Dry Secretion
**EC** Ecchymosis (bruise)
**ER** Erythema (redness)
**FB** Foreign Body
**F/H** Fiber/Hair
**FT** Frenulum Torn
**IN** Induration
**IW** Incised Wound
**LA** Laceration
**MS** Moist Secretion
**OF** Other Foreign Materials (describe)
**OI** Other Injury (describe)
**PE** Petechiae
**PS** Potential Saliva
**SI** Suction Injuries
**SW** Swelling
**TE** Tenderness
**TA** Tooth Avulsed
**TD** Tooth Decay
**TF** Tooth Fractured
**TM** Tooth Missing
**V/S** Vegetation/Soil

| Locator # | Type | Description | Locator # | Type | Description |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**K. GENERAL PHYSICAL EXAMINATION (continued)**

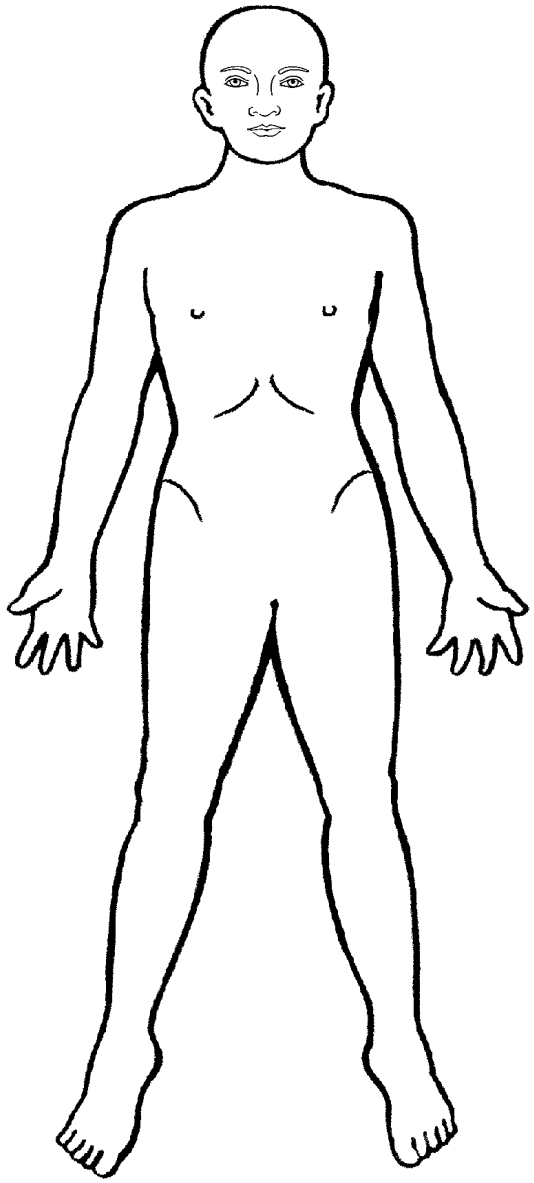
**7. Conduct a physical examination of body and extremities. Record findings using photographs, diagrams, legend, and a consecutive numbering system.**

**8. Collect dried and moist secretions, stains and foreign materials from body** ☐ Findings ☐ No Findings

**9. Collect fingernail scrapings/cuttings according to local policy** ☐ Done ☐ Not Applicable

**Patient Identification:** **Date:**

**G**



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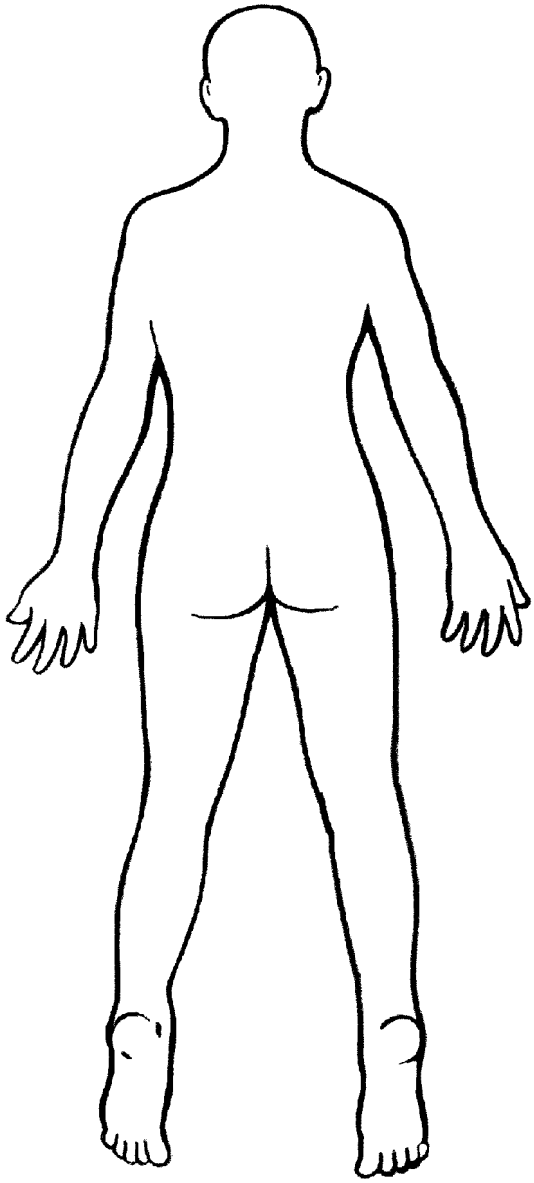

**LEGEND: Types of Findings** ☐ **Findings** ☐ **No Findings** ☐ **Additional copies of this page attached**

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**FB** Foreign Body
**F/H** Fiber/Hair
**IN** Induration
**IW** Incised Wound
**LA** Laceration
**MS** Moist Secretion
**OF** Other Foreign Materials (describe)
**OI** Other Injury (describe)
**PE** Petechiae
**PS** Potential Saliva
**SI** Suction Injuries
**SW** Swelling
**TE** Tenderness
**VS** Vegetation/Soil

| Locator # | Type | Description | Locator # | Type | Description |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## K. GENERAL PHYSICAL EXAMINATION (continued)

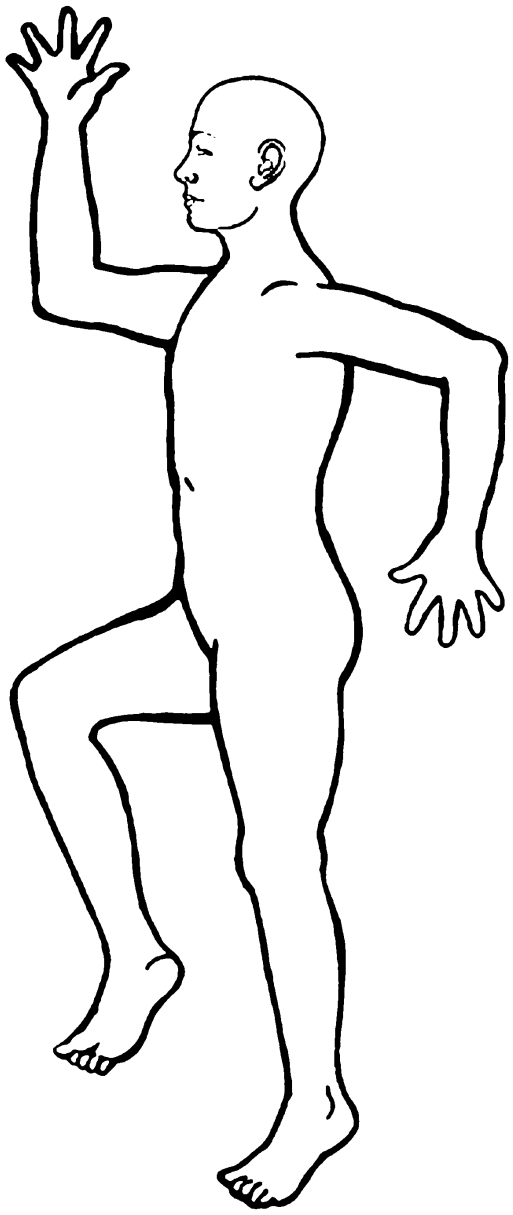
**10. Use diagrams I and J to record findings to lateral or medial aspect of trunk or extremities. Record findings.**

**11. If genital injuries sustained, use pages 6 and 7 from CalEMA 2-923 Forensic Medical Report: Acute Adult/Adolescent Sexual Assault Examination form to document findings.**

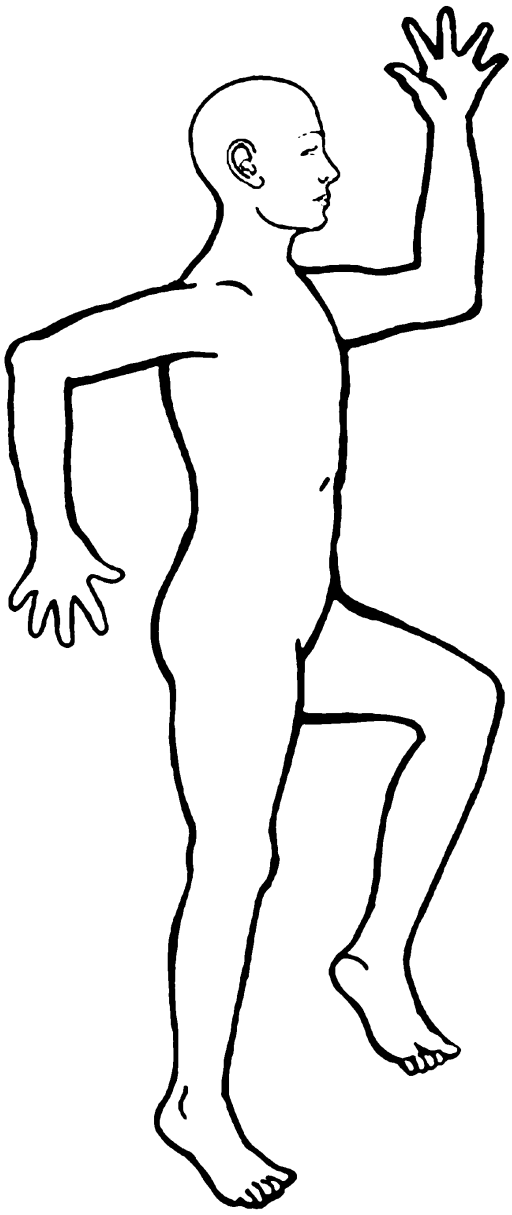
**Are CalEMA 2-923 pages 6 & 7 attached?** ☐ Yes ☐ No ☐ Not applicable

**Patient Identification:** **Date:**

**I**



**J**



**LEGEND: Types of Findings** ☐ **Findings** ☐ **No Findings** ☐ **Additional copies of this page attached**

| | | | |
|---|---|---|---|
| **AB** Abrasion | **DS** Dry Secretion | **IW** Incised Wound | **PE** Petechiae |
| **BI** Bite | **EC** Ecchymosis (bruise) | **LA** Laceration | **PS** Potential Saliva |
| **BU** Burn | **ER** Erythema (redness) | **MS** Moist Secretion | **SI** Suction Injuries |
| **CS** Control Swab | **FB** Foreign Body | **OF** Other Foreign Materials (describe) | **SW** Swelling |
| **DE** Debris | **F/H** Fiber/Hair | | **TE** Tenderness |
| **DF** Deformity | **IN** Induration | **OI** Other Injury (describe) | **VS** Vegetation/Soil |

| Locator # | Type | Description | Locator # | Type | Description |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## L. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB

| 1. Clothing Collected ☐ No ☐ Yes | Clothing Placed in Evidence Kit | Clothing Placed in Paper Bag |
|---|---|---|
| Bra ☐ | | |
| Dress/skirt ☐ | | |
| Jacket/sweater ☐ | | |
| Nylons ☐ | | |
| Pants/shorts ☐ | | |
| Shirt/top ☐ | | |
| Shoes (1 or 2) ☐ | | |
| Socks (1 or 2) ☐ | | |
| Underwear ☐ | | |
| Undershirt ☐ | | |
| Other ☐ | | |

**2. Foreign Materials Collected**

| | N/A | No | Yes | Collected by: |
|---|---|---|---|---|
| Swabs/suspected blood | ☐ | ☐ | ☐ | |
| Dried secretions | ☐ | ☐ | ☐ | |
| Fiber/loose hairs | ☐ | ☐ | ☐ | |
| Soil/debris/vegetation | ☐ | ☐ | ☐ | |
| Swabs/suspected saliva | ☐ | ☐ | ☐ | |
| Foreign body | ☐ | ☐ | ☐ | |
| Fingernail scrapings | ☐ | ☐ | ☐ | |
| Control swabs | ☐ | ☐ | ☐ | |

Other, describe: _____

**3. Laboratory Results** Additional Page ☐ Yes ☐ No

Pregnancy ☐ Positive ☐ Negative

Additional Labs: ☐ No ☐ Yes, specify: _____

**4. X-Ray/Imaging Results** Additional Page ☐ Yes ☐ No

☐ No ☐ Yes, specify: _____

**5. Toxicology Samples**

| | N/A | No | Yes | Time | Collected by: |
|---|---|---|---|---|---|
| Blood Alcohol / Toxicology | ☐ | ☐ | ☐ | | |
| Urine Toxicology | ☐ | ☐ | ☐ | | |

**6. Reference Samples** ☐ Blood ☐ Saliva ☐ Buccal ☐ N/A

Collected by: _____

**7. Photo Documentation**

☐ No ☐ Yes **35mm** ☐ **Digital** ☐ **Instant** ☐ **Other** ☐ _____

Photography by: _____ # Rolls/images _____

Recommend follow-up photographs to be taken in 1-2 days

☐ No ☐ Yes ☐ Not applicable

**8. Voice recording for strangulation injuries**

☐ **No** ☐ **Yes** **If yes:** ☐ **Audio** ☐ **Audiovideo**

If yes, obtained by: ☐ Examiner ☐ Law Enforcement

## M. SUMMARY OF KEY FINDINGS

**Patient Identification:** **Date:**

## N. PERTINENT ISSUES AFFECTING EXAMINATION

## O. PERSONNEL INVOLVED

| Name (print clearly) | Phone |
|---|---|
| History taken by: | |
| Physical exam performed by: | |
| Specimens labeled and sealed by: | |
| Assisted by: ☐ N/A | |
| Additional narrative by: ☐ N/A | |

| Signature of Examiner | Date | License Number |
|---|---|---|
| | | |

## P. DISTRIBUTION OF EVIDENCE

| | Released To |
|---|---|
| Clothing (items not placed in evidence kit) | |
| Evidence Kit | |
| Reference samples | |
| Toxicology samples | |
| Recording(s) ☐ Audio ☐ Audiovideo | |

## Q. DISPOSITION AND FOLLOW UP

☐ Discharged ☐ Admitted ☐ Follow Up Exam Scheduled

☐ Cross Reporting to: ☐ CPS ☐ APS ☐ N/A

☐ Referral to domestic violence advocacy services

☐ Safety plan discussed with patient

☐ Referral to counseling, drug, and alcohol treatment services

☐ Referral to Victim Witness Assistance Program

☐ Referral for Protective Order **OR** EPO. ☐ PO or EPO Granted

## R. SIGNATURE OF OFFICER

I have received the evidence indicated above:

Printed Name ID Number

Signature

Agency Telephone